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SERIAL NO. FILING DATE APPLICANT(S) **CLAIMS ONLY** CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED DEP. IND. DEP. IND. IND. 47. *****1 TOTAL TOTAL IND. **_** TOTAL DEP. TOTAL DEP. TOTAL * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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